DEPARTMENT OF NAVAJO VETERANS AFFAIRS
VETERANS HOUSING ASSISTANCE PROGRAM

DOCKET LIST

Name:_____ Agency:_____
Chapter:_____

☐ New Construction ☐ Rehabilitation ☐ Other (Specify)_____

- ☐ A. Running Record
- ☐ B. Housing Application
- ☐ C. Map to Current Residency & Approved home site
- ☐ D. Land Ownership documents
  - a. Home Site Lease:_____
  - b. Arch. Clearance:_____
- ☐ E. Verification of Release of Income Info. & Income Verification Statements
  - a. _____
  - b. _____
  - c. _____
  - d. _____
- ☐ F. DD-214 / Separation Documents
- ☐ G. Pictured of Existing Home w/ Justification
- ☐ H. Floor Plan or Sketched w/ Dimensions (Rehabilitation)
- ☐ I. Certified Chapter Resolution
- ☐ J. Material Requirement Listings (Rehabilitation)
- ☐ K. Marriage License or Divorce Documentation
- ☐ L. Certificate of Indian Blood/Social Security Card/ Driver's License or I.D.
  - ☐ Veteran ☐ Spouse ☐ Dependents
- ☐ M. Chapter and County Voter Registration (for both veteran & spouse)
  - Chapter: ☐ Veteran ☐ Spouse
  - County: ☐ Veteran ☐ Spouse
- ☐ N. Selection Criteria
- ☐ O. Others (Referrals, Recommendations, etc.)

AGENCY OFFICE USE

I hereby certify that the documents are attached and submitted for housing.

_____ _____
Signature & Title Date

_____ _____
Signature & Title Date

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APPLICATION FOR VETERANS HOUSING ASSISTANCE

I. Application Information

Head of Household	Census No.	Social Security No.	Date of Birth

Spouse	Census No.	Social Security No.	Date of Birth

Mailing Address	City	State	Zip Code	Telephone

Marital Status: ☐ Married ☐ Single ☐ Widow(er) ☐ Other:_____

Name(s) of dependent(s) under the age of 18 living with you? _____

_____

Are you disabled or handicapped? Yes, handicapp Service Connected?_____

II. Present Home Characteristics:

Owner: _____ Year Built:_____

Type of construction: ☐ Frame ☐ Block ☐ Adobe ☐ Other:_____

Type of condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Can home be brought to present day standard?_____

Nearest electricity Supply:_____

Nearest water supply:_____

Nearest sewer supply:_____

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III. Employment And/Or Income Information:

A. House of household: Are you employed? No How long employed? _____

Occupation:_____ Rate of pay:_____

Name and address of employer:_____

_____

Name and address of granting agency (List all other sources of income):_____

_____

_____

B. Spouse: Are you employed? No How long employed?_____

Occupation:_____ Rate of pay:_____

Name and address of employer:_____

_____

Name and address of granting agency (List all other sources of income):_____

_____

_____

C. Dependent(s): If other household members are employed or receiving other sources of income. *****List all employment and income Information*****

_____

_____

IV. Total Household Annual Income Calculation (OFFICIAL USE ONLY)

A. Income of head of household:_____ $ _____

B. Income of Spouse:_____$ _____

C. Income of dependents:_____$ _____

Total of annual household family income_____$ _____

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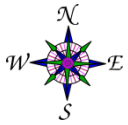
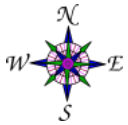
V. Draw A Map To The Current Residency:

(Be specific and accurate, using permanent point of references.) And provide legal description, if available.



VI. Draw A Map To Approved Homesite:

(Be specific and accurate, using permanent point of references.) And provide legal description, if available.



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VII. Past Housing Assistance:

Have you ever received housing assistance in the past?_____

If "YES" When?_____ From Whom?_____

Type of previous assistance:_____

Have you utilized your V.A. Home Loan Certificate Entitlement?_____

If "YES" When?_____ From Whom?_____

For what purpose are you requesting assistance from the Navajo Nation Veterans Housing Assistance Program?

_____

_____

_____

_____

_____

COMMENTS:

_____

_____

_____

_____

I (We), the undersigned, hereby certify that the information given above is true and correct to the best of me (our) knowledge and given in good faith for the purpose of applying and obtaining veterans housing assistance from the Navajo Nation Department of Navajo Veterans Affairs. The Veterans Housing Assistance Program may use said information to obtain information or source documents from other housing providers or housing related granting agencies. I (We) hereby authorize said information to be used for the above stated purpose.

Signature(s): _____ _____

Applicant Spouse

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(TO BE COMPLETED AND SIGNED BY RESPECTIVE EMPLOYER OR GRANTING AGENCY)

Name of employee or grantee:_____ Date of employment:_____

Occupation:_____ Base pay rate:_____

Salary/Wage (Monthly OR Annually)_____ $ _____

VA Compensation OR Pension_____ $ _____

Social Security Compensation_____ $ _____

Other Income (Type)_____ $ _____

Other Income (Type)_____ $ _____

Name and address of employer or granting agency:_____

_____

_____ _____ _____

Authorized Signature Title Date

(TO BE COMPLETED AND SIGNED BY RESPECTIVE EMPLOYER OR GRANTING AGENCY)

Name of employee or grantee:_____ Date of employment:_____

Occupation:_____ Base pay rate:_____

Salary/Wage (Monthly OR Annually)_____ $ _____

VA Compensation OR Pension_____ $ _____

Social Security Compensation_____ $ _____

Other Income (Type)_____ $ _____

Other Income (Type)_____ $ _____

Name and address of employer or granting agency:_____

_____

_____ _____ _____

Authorized Signature Title Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS
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Verification Of Income And Authorization To Release Information

Date:_____

Sir/Madame:

The Navajo Nation Department of Navajo Veterans Affairs is requesting your assistance to verify income information of the applicant or his/her spouse or dependent applying for housing assistance under our Veterans Housing Assistance Program. To assist our office and housing application, we are asking you to provide us with income information. Any information supplied by your organization will be held strict confidence for official use only in determining eligibility pursuant to establish policies and procedures of the program.

Below is signatures authorization for your release of said information and documentation to us. Your sincere cooperation and prompt release of said information to our office will be most appreciated.

Respectfully,

_____, Senior Carpenter

I, the undersigned, hereby authorize the release of my income information to the Navajo Nation Department of Navajo Veterans Affairs.

Applicant, Spouse or Dependent (*PLEASE PRINT*):_____

Social Security Number:_____

SIGNATURE:_____ DATE:_____

DEPARTMENT OF NAVAJO VETERANS AFFAIRS
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Authorization For Release Of Information

Date:_____

Sir/Madame:

I (We), _____

Applicant Census No. Social Security No.

and _____

Applicant Census No. Social Security No.

Hereby authorize the Navajo Nation Department of Navajo Veterans Affairs to obtain any and all information or source documents for completion of my (our) application for housing assistance. I (We) understand and acknowledge this information or source documents will be used in determining my (our) eligibility pursuant to established policies and procedures of the Veterans Housing Assistance Program

Signature(s): _____ _____

Applicant Spouse

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Verification of Non-Housing Assistance

Furthermore, we certify that the person(s) name below has never been assisted with a complete home from any programs listed below. Which are:

**** NOTE: 1-3 NEED TO BE SIGNED BY THE DESIGNATED PROGRAMS**

1. Housing Improvement Program: YES or NO Signature:_____
   Title:_____
   Type of assistance:_____

2. Designated Chapter: YES or NO Signature:_____
   Title:_____
   Type of assistance:_____

3. NHA Housing YES or NO Signature:_____
   Title:_____
   Type of assistance:_____

We certify that the above information to be true and correct to the best of my knowledge:

_____	_____	_____
Client's Signature	Social Security No.	Date
_____	_____	_____
Spouse's Signature	Social Security No.	Date